Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	02/01/2014	Addres	ss: 783 Griswold Court
Incident #:	14ISPC000853		Auburn, IN 46706
County:	DeKalb (17)		Union Twp
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
Operations Chemical/ Dumpsite	Glassware/Equipment (only)	Residence Outbuildir Vehicle	
(check all that	: Location (bedroom, kitchen, open air, eapply) r Birch Reaction(s):	ete)	
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s): Bathroom, Bedroom, Main Area			
∑ Flammable Solvents: <u>Main Area</u>			
Water Reactive Metal (Lithium): Main Living			
Anhydrou	s Ammonia:		
Corrosive	Acid: Bathroom		
	Base: Main Living (Lye)		
Other (iter	n and location):		
Vehicle Infor	mation:	÷	
Owner: VIN: Year:		Make: Model:	
☐ Yes ☑ No	age 18 discovered (check appropriate) _ (number present) not present but evidence they reside	unc Estimat occurrir	conditions of home: clean disarray lean ed length of time manufacturing had been less that the manufacturing had been less than the manufacturing had been le
This report h	as been faxed* or emailed to the fol	llowing agenci	es that serve the location:
Health Depart	ent City, Township or County <u>Auburn</u> ment County: <u>DeKalb Health</u> f Child Services Hotline: <u>dcshotlinere</u>	Fax: <u>e</u>	<u>emailed</u> e <u>mailed</u> ov Fax: 317-234-7595 or 317-234-7596
	rmation regarding this methamphetan fficer: Sgt. M. C. Toles 5619 Phone		

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.